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REPORTED BY W. B. PLATT, M. D.

Removal of an Enchondroma arising from the Circumference of the Left Foramen Obturatum. — The patient, Gottlieb Gallien, fifty-five years of age, by occupation a farmer, residing at Wittenberg, was said to come of healthy family; his previous health had been good; there was no history or indication of syphilis or of trauma. The tumor first attracted attention about eight years ago as a hard swelling in the left side upon the ramus horizontalis pubis. He was a man rather below the average height, of dark complexion, sallow, rather anæmic, and with poor general muscular development.

The tumor arose from the crest of the left side of the pubes apparently, and probably also from the ascending ramus of the ischium. It was hard, slightly elastic, immovable, irregular in outline, and nodulated on the surface; as a whole ovoid in shape, and as large as an infant's head. The greatest vertical diameter was also over the pubes. It projected upward and forward toward the abdomen, extending also downward over the front of the thigh, and inward toward the median line, sloping gradually until it disappeared at a point not quite midway between the symphysis pubis and the internal condyle of the femur. The growth did not apparently implicate the femur or hip-joint. The thigh admitted of but slight flexion or rotation inward. The femoral artery could be felt pulsating to the outer side of the tumor, between it and the anterior inferior spinous process of the ilium, being pushed far out of its normal course. Upon the outer and lower aspect of the tumor was a sinus, large enough to admit a knitting-needle. From this a small quantity of a transparent, synovia-like fluid escaped.

Operation took place January 9, 1878. The patient being placed in the horizontal position and anæsthetized, a semilunar incision was made upon the anterior and lower surface of the tumor, at an angle of about thirty degrees from the horizontal plane, commencing three centimetres from the spine of the pubes, and ending near the anterior inferior spine of the ilium. The skin, being made free above and below, retracted, especially that of the thigh, carrying the inner end of the incision half-way down the scrotum. The upper portion of the quadriceps femoris, the pectineus, and the upper portions of the adductor muscles seemed to melt into the tumor, stopping short at and adherent to its surface. It was necessary to sever the obturator internus, externus, and gracilis muscles on account of their firm attachments to the growth. All the femoral muscles coming into view were atrophied, and fatty degeneration had taken place to some extent. There was very little arterial hæmorrhage, the obturator vein only giving some little trouble. Silk ligatures were used, but no spray. The tumor was seen to arise from the entire anterior circumference of the obturator foramen, the surface of which was removed with chisel and hammer until healthy bone was reached. The edges of the wound were now approximated by numerous silk sutures, and drainage tubes were inserted at the inner and outer angles of the wound. Professor von Langenbeck remarked that he had never before seen an enchondroma where

the neighboring muscles were so universally adherent. Compression under a gauze bandage was now applied. The wound healed rapidly, the greater part by first intention, with very little traumatic fever or discharge from the wound. The patient was shown in the clinic March 6th, ready to return home.

The temperature usually varied from 98.6° to 100.4° F., never exceeding 104°. The tumor, on examination, proved to be, as was supposed, an enchondroma, bluish-white, pearly, and elastic, being ossified in numerous isolated spots, as large as kernels of corn, scattered throughout the mass. The weight was a fraction over nine pounds. The limb is now capable of considerable voluntary flexion and some adduction.

SHORT COMMUNICATIONS.

THE TOURNIQUET IN TREATMENT OF FRACTURE OF THE PATELLA.

BY R. B. ROOT, M. D., GEORGETOWN, MASS.

I wish to call the attention of the readers of the *JOURNAL* to a modification, and I think a great improvement, of Dr. Galloupe's excellent apparatus for fracture of the patella, described in the *JOURNAL* of August 16, 1877.

I have lately treated a case of fracture of the patella in an old man seventy-seven years of age, and I found that however nicely I might place the adhesive straps around the knee they would get loose in a day or two, necessitating their reapplication. And besides becoming loose they caused blisters to form the whole distance across the knee. Just here I happened to think of my *tourniquet*, and I found myself master of the situation, for by placing the screw on the outer side of the leg next to the splint, and making a "figure eight" turn, I had the fracture under perfect control. I could now adjust my pressure as the case required, and as the acute synovitis subsided a single turn or two of the screw brought all the pressure desirable. With the use of the tourniquet I see no necessity for the long adhesive straps applied above and below the knee longitudinally, as it is simply necessary to sew the buckle to the strap of the tourniquet above the fracture, and the strip of cloth that goes *through* the buckle can just as well be sewed to the strap of the tourniquet below the fracture. I think any one trying this modification of Dr. Galloupe's apparatus will be surprised to find how much the tourniquet simplifies and makes easy what has heretofore been a difficult fracture to treat.

GUM CUTTING AGAIN.

BY JOHN YALE, M. D., WARE, MASS.

AMONG the many able and interesting articles contributed to the *JOURNAL* by the late Prof. C. E. Buckingham was one on the propriety and usefulness of the operation of cutting the gums of children in appropriate conditions. Some time previously the question had been asked, derisively, Who cuts gums? A very decided answer, with reasons, was made by a correspondent, E. T. W., which seemed to settle the matter in its favor. At least my already written reply that I did was committed to the waste basket, as I thought that enough had been said to convince the most skeptical. Grave doubts of its utility under any circumstances seem to exist.

There have been objections to the operation from excessive hæmorrhage. Professor Buckingham had never seen or known of such a case. Yet I have to confess to one thirty years ago. The child was eight months old, and the lower incisors were cut. The oozing of blood continued till death, at the end of four days. In endeavoring to find a cause for it I remembered that instead of cutting directly on to the tooth the instrument glided inside, which may or may not explain its fatal result. To prevent any like occurrence I have always since cut them with the finger on one side and the thumb on the other, compressing the